

## **Community Services**

**Definition:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the individual's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the individual's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

**Provider:** Services will be provided in or originate from facilities licensed by DDSN.

There are 2 types of Community Service:

1. **Group Services** - Community/Group Service is available to those individuals who can benefit from services provided in a group setting. (One unit = ½ day or 2 to 3 hours)
2. **Individual Services** - Community/Individual Service is available to those who require that services be provided on a one-to-one basis. **Community Services/Individual must always be provided with a one to one participant to staff ratio.** (One unit = 1 to 3 hours)

In determining which type of Community Service is appropriate, you must carefully consider the abilities/strengths, interests/preferences and needs identified in the Service Coordination Annual Assessment and/or informal assessment to determine which environment would be most conducive in achieving his/her goals.

**Example:** Individual services may be appropriate for those who, prior to enrollment in this waiver, were receiving and benefiting from Individual Rehabilitation Supports. Typically Individual Community Services should be targeted to those who live in the community and require services provided on an individually determined schedule that focus on the development of specific individual skills which promote interaction with people who do not have disabilities.

**Arranging for the Service:** When you determine an individual needs Community Services, the individual and/or his/her family/guardian should be given a list of enrolled and qualified providers of this service. The offering of choice must be documented. If there is only one available choice then this must be explained to the individual and/or his/her legal guardian and documented in the narrative or participant record.

Prior to adding Community Services to the Waiver Tracking System, you must first ensure the service is included on the Service Tracking System (STS). If Community Services is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the budget. To make this change proceed to the services menu

on the STS (**SVMEN**). Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver (“**W**”).

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Community Services can be authorized using the **Authorization for Services (Community Supports Form CS-06)** using the actual start date.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual’s/family’s satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Community Services:

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily community activity?
- Is the individual satisfied with the provider of his/her service?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual’s overall goals, wants and desires?
- Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- What is the individual’s attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?
- Is the individual being exposed to community settings?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

## AUTHORIZATION FOR SERVICES TO BE *BILLED TO DSN BOARD*

**RE:**

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**Address**

**Medicaid #** / / / / / / / / / /

**Community Services –Group:**

Number of Units Per Week: (one unit = 1/2 day or 2-3 hours)

### Community Services –Individual:

Number of Units Per Week: \_\_\_\_\_ (one unit = 1-3 hours)

**Service Coordinator/Early Interventionist: Name / Address / Phone # (Please Print):**

Signature of Person Authorizing Services

Date \_\_\_\_\_

Board Name/Address: